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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088588	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		3		3			
5		3		3			
6		3		3			
7		1		1			
8		1		1			
9		1		1			
10		1		1			
11		4		4			
12		2		2			
13		2		2			
14		1		1			
15		1		1			
16		2		2			
17		2		2			
18		2		2			
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20		2		2			
21		2		2			
22		1		1			
23	1		1				
24		1		1			
25		1		1			
26		3		3			
27		3		3			
28		3		3			
29		1		1			
30		2		2			
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TOTAL IND.			2				
TOTAL DEP.			60				
TOTAL CLAIMS			62				
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TOTAL CLAIMS							